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ELECTRICITY AND CHINA 200, IN UTERINE
HEMORRHAGE.

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BY SARAH J. WHITE, M. D.

Read before the Homœopathic Medical Society of the County of New York.

Mrs. H., aged 32, had two children by former marriage, one born at five months the other full term; called me in haste on May 30th, 1873. Found patient laboring under great excitement, having had quite a hemorrhage and regular pains, occurring once in fifteen minutes for an hour. Ascertained on inquiry that it was just three months that day since the last menstrual flow, that the patient had suffered much from nausea and vomiting, and was "sure I could not prevent the abortion."

Examination per vagina showed there was yet no dilatation of the os, and the symptoms indicating china, that remedy was given, twice an hour intervening between doses when the pain ceased, and the patient sank into a gentle slumber, the hemorrhage gradually growing less. There were six doses in all of china 200 given, the third entirely checking the flow.

The patient was kept in bed for a week, after which time she gradually resumed her accustomed exercise and employment.

Still feeling weak, I advised what are known to electricians as tonic sitz-baths, the patient being placed in cool water with the anode at the perineum, and the cathode passed gently over the back, across the spine from side to side up to the base of the brain.

This treatment was followed for four weeks, the patient gaining a little strength at each bath, of which one was given each week;

the instrument used was one of Dr. Kidder's Electro Medical apparatus. At the fifth month there were again some symptoms of approaching labor, when *nux moschata* was given, and arrested all. From this time the patient suffered only from the nausea and vomiting; these not being constant, were checked in a measure by *veratrum alb.*

On Dec. 15th, was again called and found my patient with all symptoms of approaching labor. There had been quite a hemorrhage, though at this time the flow of blood was slight. The pains were regular, but not severe in character; liquor amni evacuated in large quantities, pulse somewhat accelerated, though still strong. Examination showed the os dilated slightly, concluded to wait for a time, and watch. After the lapse of two or three hours, found there was no progress in the labor and the pains ceased altogether. Called in council Dr. Houghton, who advised *caulophyllum* and electricity, to bring on labor as quickly as possible. As the hemorrhage had again commenced he thought there might be *placenta prævia*. Returning to my patient followed the Dr.'s advice. Gave the remedy once in twenty minutes; made an examination and found the os occluded by a clot of blood which I drew away with my finger, leaving it clear, and found that the dilatation was scarcely more than at first hemorrhage, not very severe, a slight flow on every movement, pulse still as before, applied the battery, the anode at the junction of the lumbar and cervic vertebra, the cathode at the pubes, with strong induced current, changing the anode to the umbilicus, and then again to the region of the lumbar plexus, and so on up the back to the shoulders.

Instead of producing pain the pulse grew stronger, the hemorrhage ceased almost entirely, and there were very strong movements of the child (which had been occasionally felt through the whole time, but now seemed to increase). The physician they desired me to call in consultation having returned to town, advised after hearing the history of the case that I give her one dose of *pulsatilla* 900th, and let her rest. I did so, and left her feeling comfortable, though anxious as to the result.

Saw her frequently for a month, and always found her about the same.

Jan. 13th, was again called and learned that the membranes

were again ruptured, the fluid escaping as before in very large quantities, again there was some hemorrhage, but as yet no pain, and the uterus so high that could not reach the os.

The consulting physician being again absent, Dr. White was called, and advised to bring on labor as soon as "we could."

This was done, and the woman, kept up on china 200, was delivered of a living female child, the placenta presenting the appearance of having been detached for some time from the uterus for about one-third of its size.

The patient had quite a sinking turn, the pulse being imperceptible, but rallied under the continued use of China, 200. On the 4th day there were symptoms of pneumonia, which were soon developed, but were held somewhat in check with Aconite, bryonia, and calcarea. Before this was cured phlegmasia set in with severe pains, and swelling commencing at the foot and hip at same time.

Again we applied electricity, using the primary current of the same battery, which relieved both pain and swelling, the latter returning after a time, to be again relieved at the next seance. I think it was about the third or fourth week when symptoms of biliary calculi presented themselves, which were relieved by the use of the electricity, anode over the seat of pain, and cathode at feet and back—and finally cured by sweet oil, of which two table-spoonsful were given at an interval of 12 hours; the pain gradually ceasing from the last dose. The lung symptoms continued to decrease though were aggravated by the first decrease of the phlegmasia. At the 7th week the patient was able to sit up, and as she used the leg the swelling again increased, but was still amenable to the battery. After some 12 treatments from this time, I determined to use the constant current, and watch closely its effects, the foot swelling after each treatment, so the boot could not be buttoned. For this purpose the patient visited my office, and a battery of 20 cups was applied with the most satisfactory results, the foot and leg yielding every symptom of pain and swelling, until it was as well as the other, there remaining at this time only a slight tendency to serofulous rheumatism, which seems to affect one nearly as much as the other. The patient has been able for several months to take long walks, has occasionally pain through the liver which at the present time I am treating by placing her in

a warm bath, having put in the water a coffee-cup of common salt, passing the constant current immediately through the right hypochondriac region, the anode at the solar plexus, the cathode over the liver in front, with a large sponge electrode, then changing the anode to under the arm, with cathode over the spleen, then placing one over the pneumogastric nerve, on each side of the neck, finishing the treatment with the cathode at the feet, while the anode is passed with gentle passes over the whole body. I would say here, that only about 6 cups are used in this treatment, as the chloride of iodine so increases the sensibility of the body that the sensation of burning is much more acutely felt. My theory of the successful use of galvanism over electricity in this case is this, that by its powerful chemical action, galvanism so changed the morbid or diseased elements, and so stimulated the absorbents of the system, that it of a necessity aided the vital functions to a natural re-establishment, or equilibrium and so to health. The exact *modus operandi*, I have not yet worked out even in theory.

MEDICAL CLINIC: N. Y. HOM. MED. COLLEGE.

BY PROF. S. LILIENTHAL.

Jos. G., 49 years old, was coachman for a number of years, then became a watchman and has been exposed to all the vicissitudes of the weather. Complains of steady pain in back and in his bones, feels weak in the lumbar region, and cannot keep his water at all, has to urinate every few minutes, especially when he goes out in the cold. His knees down to his feet feel as if asleep and this sensation lasts already five or six months. Years ago was a strong healthy man and has been wet through and through many a time. His urinary trouble came on gradually and when the urine gets on his linen, it makes it as stiff as starch. There is also an eruption from his knees down, of a rather dark color and not itching. Sleep restless at night and broken on account of frequent urinations. Appetite very good and relishes what he eats. When he went into the bank, weighed 225 pounds, and since this trouble

came on has been wasting away, while eating the same amount. Complains of excessive thirst. Steady frontal headache, although his bowels are normal.

The excessive thirst and the excessive secretion of urine, the dry skin, the good and even excessive appetite and still a gradual emaciation leading to marasmus, the paretic and cold feeling of the extremities, the mental depression, are all characteristic symptoms of diabetes, and although we would advise for the sake of certainty a chemical examination of the urine, our diagnosis can be clearly made out without such ocular proof.

Ozanam justly calls diabetes a *retrograde evolution of the organism*, which can still transform starch into dextrine and sugar, but which has lost the power of oxidizing this sugar in order to change it into ultimate products. That it is primarily a nervous disorder, has been demonstrated by Claude Bernard, for by irritating the median line of the floor of the fourth centisele on a level with the olivary eminences (the origin of the roots of the pneumogastric nerves) diabetes is produced. Mosler has also shown in several cases the neuropathic origin of simple diabetes. With such disturbed innervation the liver modifies its ordinary assimilative process and converts all the carbo-hydrogenous material into a glucose or diabetes sugar, which is then eliminated by the kidneys. Exposure to cold and wet, as in our case, is one of the most frequent existing causes.

There is a great deal said and written about diabetic diet, which is all very well and can be strictly carried out in hospitals and among our wealthy patients, but you will find it up-hill work in dispensary practice and among the tenement population of our large cities. In fact, during the many years of my dispensary labor, I have hardly ever spoken to any patient about changing the diet, considering it "love's labor lost," for what is the use of recommending to a patient such and such food to the exclusion of others or dainties and delicacies, when he has not the means of getting them. In fact, I have learned by experience, that a well chosen homœopathic remedy will act and cure the patient even in spite of hygienic short comings. Not that I wish you to neglect hygiene and dietetics, but only to assure you, not to be too anxious or chicken-hearted, where circumstances are adverse to their ap-

plication. There is one remedy, which we may give with expectation of relief to the poorest of our diabetic patients, and that is buttermilk. Donders, of England, wrote a whole volume on it and I can affirm from several cases, relieved or cured by it, the favorable statement made by this physician.

My friend, Dr. G. Oehme, of Staten Island, lately published in the North American Journal of Homœopathy a collection of all the remedies, which so far had been successfully given in the treatment of diabetes, and we refer you to the pages of this journal, as we find under *arsen.* nearly all the characteristics of the case and as it is recommended by Grauvogel, Baer, Kafka and others we will try it in this case.

Professor *Avery* examined the urine and found it abundantly charged with sugar.

Jan. 24th, (two weeks later). Brought some of his urine of today. It looks clear, but is clouded on the top. Felt better, but has not been so well for the last two days. Complains now and then of a fluttering in the heart, especially while lying in bed. Continue *arsen.* 200 mane et vespere.

After about three weeks comes back reporting himself better in every way. Has comparatively no trouble in holding his water now and sleeps well the whole night without getting up. The liver spots are gradually disappearing.

Feb. 26. Another relapse (had been on sact. lact. for a week or so). Is ordered to be more careful about exposing himself to the vicissitudes of this trying winter, also to take more animal food. We put him back to *arsenicum* 3d, the potency to be gradually increased, also glycerine, half a tablespoonful three times a day.

Is still under treatment at the dispensary.

Peter F., 45 years old, febris intermittens quotidiana. A chill every day at noon. Had them some time ago in Jersey, with a terrible constrictive headache. Quinine suppressed it then, but it returned after coming to this city and now quinine fails to stop it. The chill is very severe, shaking hard, followed by high fever and sweat, feels very weak after that during all the stages, especially during the profuse sweat all over the body, which relieves the other bad symptoms.

The marked regularity of the whole paroxysm, and especially its beginning at noon leads us to think of *cactus*, especially as in Jersey, he also complained of the constriction around the head (vice-like grasp). In fact *cactus* will be indicated, wherever we have this constrictive sensation. I recollect to have seen it cure a colic, where the patient complained that he felt as if an iron hoop were around his abdomen and constantly drawn tighter. The excessive thirst during the profuse sweat, is also a marked symptom of *cactus*. Let us try it, therefore, in the 30th dilution, the patient to take a desert spoonful every hour or two.

The case is recorded cured in the books of the dispensary.

Andrew F., 21 years old, slightly built, was working in a planing mill as feeder, then had to change to working a hand-cross-cut saw. It is very heavy work and he had to use his left arm the most. Never felt any pain around his heart, till he began this work. It commenced about two weeks after. At first he felt only a pain just above the nipple toward the axilla, but now the least exertion will make him sweat and going up or down stairs quickly produces palpitation. Never had a headache, but complains now about dryness when stooping. Has had a short dry cough for a good many years.

Auscultation revealed the action of the heart marked and increased. There is yet no organic disease of the heart, our patient suffers from serious palpitation, caused by over exertion, which is so frequently accompanied by dryness, roaring noises of the head, or flickering before the eyes. That the palpitation is not constant but occurring in spells, is another proof for this still functional observation, but it might gradually lead to organic disease of the heart, especially to dilatation, and he must, therefore, refrain from his laborious work, which strains his heart too much. If you look to the pathogenesis of *arnica* you find among its symptoms, dry, short and hacking cough, pain in the chest with anxiety; hypertrophy of the heart, induced by over-exertion, especially in young men, the beats of the heart are like quivering. *Arnica* 30, a dose morning and night, and rest.

Charles G., 16 years old, small for his age and weakly, anæmic

in appearance, complains of pains in his left side, and says his right breast is enlarged. His mother, who comes with him, fears that he is going in a decline. Causing him to strip to his waist we find the right mamma enlarged and hard, but the examination of the lungs reveals the natural sounds. His heart or rather aorta can be heard beating over the whole abdomen, the apex of the heart is plainly visible by its striking against the wall of the thorax just below the left nipple. The regio epigastrica is swollen and bloated so that it clearly shows the symptom of the inverted saucer. All his muscles have a flabby feel, the boy looks tired, and without ambition.

There is one thing certain in the constitution of this boy, that the lymphatics do not perform their proper function, and that mal-assimilation prevails. If we wish to understand this pathological state, we must first inquire, what is physiologically the function of the lymphatic system? It is now generally acknowledged that the production of fibrin is one of the most important duties of the lymphatic system in order to compensate for the constant waste of that substance, which is going on in the wear and tear of the muscular system, and the lymphatic glands are the organs where the albuminoid bodies are turned into fibrine. But when these glands become morbidly affected by a kind of hyperplasia, the gland, swelled up by the large increase of newly-formed cells, loses its power to change lymph corpuscles into red blood corpuscles, and we have the leucæmic diathesis before us. If you look at the rather emaciated patient before us, you perceive that the glands around his neck are enlarged (and what is the mamma other than a gland?) His mother is afraid of tuberculosis on account of his short breathing, but so far we cannot see any cause for it, as vesicular murmurs can be heard everywhere. In spite of his muscular debility we see the action of the cardiac muscle must be increased and the contractions of the arteries regulated. The quality of the blood being deficient, the poor heart is overworked to carry on the necessary circulation. Instead of iron and quinine, which are so often given in vain by the old school, we have learned the great value of *calcareo carbonica* in all diseases of mal-assimilation, and there are few agents more powerful than *calcareo* for restoring healthy function. I feel confident, that this remedy will benefit

our young friend, and he may take a dose of the 30th morning and evening. But medicine alone is not sufficient, hygienic treatment is of equal, if not greater importance. His food must be regulated, nourishing but easily digestible, his skin must be taken care of, a warm bath now once and a week, and as his reactive power increases, cold sponging will be advisable, his muscles need judicious training, and by such a combination of treatment there may be still some chance to make him a useful and comparatively healthy man.

REAL AND APPARENT DEATH; OPHTHALMOSCOPIC SIGNS OF DEATH.

BY M. BENCHAT, (Children's Hospital.)

(From "L'Abeille Medicale," Jan. 12, 1874, Gazette des Hopitaux.)

Translated by DR. G. L. FREEMAN.

Examinations made immediately after death in the case of several children, have brought under actual observation those certain signs of death which I described in 1865, in my treatise on ophthalmoscopy, as applied to the diagnosis of diseases of the nervous system, p. 457, et. seq., and in an essay read before the Academy of Sciences in 1867. These signs are the disappearance of the retinal arteries; the interruption of the blood in the veins of the retina, the gradual disappearance of the papilla, and the grayish discoloration of the choroid. It is the choroid, a vascular membrane which is discolored, and not the retina, as was recently asserted by M. Devergie, when speaking of the study of the signs of death, in a report to the Academy of Medicine on the Ourches prize. When I said, "*discoloration of the choroid*," I mentioned the precise fact, and it was far from being a happy modification of my statement, which turned it into '*discoloration of the retina*.'" I doubt if the author of such a perversion can be considered as being even slightly acquainted with ophthalmoscopy.

In the course of the above mentioned inspections, which were generally followed by autopsies and by microscopic examination of the eyes, the optic nerve, and the cerebral substance, I was

able to trace out in the dead subject the ocular and cerebro-spinal lesions corresponding to ophthalmoscopic phenomena noticed during life. In the same way, the fundamental principles of cerebroscopy received full confirmation, those principles which justify my investigations, and render intelligible the mechanism of the ocular lesions caused by diseases of the meninges and of the brain.

1st. Law. Whenever an acute affection of the meninges or of the brain, produces intra cranial compression, the result is an distraction to the return of the blood from the eye to the cavernous sinuses, followed by hyperæmia of the optic nerve, and of the choroid, papillary and peripapillary œdema, and by dilatation, a varicose condition and sometimes rupture of the retinal veins.

Thus, certain forms of neuritis and neuro-retinitis are mechanically developed in cases. *1st.* Of tuberculous meningitis, when it gives rise to hyperæmia of the pia-mater, thrombosis of the sinuses, thrombosis of the meningeal veins, or acute hydrocephalus. *2d.* Of profuse meningeal hemorrhage; *3d.* of extravasation consequent upon fractures of the skull; *4th.* of compression of the brain, caused by profuse cerebral hemorrhages, or by ventricular or arachnoidean hydrocephalus; *5th.* of tumors of the brain or of the skull which compress the nervous substance, or the sinuses, etc.

To this cause, also, must be attributed those lesions of the optic nerve and the papilla which follow dropsy of the sub-arachnoidean spaces, when it extends along the sheath of the nerve, sometimes as far as its entrance into the eye, as has been shown by the remarkable investigations of Hey and Schwalbe. In fact, the serous infiltrations into the sheath of the optic nerve, which is ascertained to be a result of meningitis, compresses the substance of the nerve, contracts the central artery of the retina, which dwindles and disappears, causes dilatation of the retinal veins, and gives rise to peripapillary œdema. The researches alluded to, conducted as I have myself proved, with the utmost accuracy, have led to a perfect explanation of certain forms of neuro-retinitis which are not sufficiently accounted for by the existence of other intra-cranial lesions.

2d. Law. Inflammation of the brain around tumors seated at the region of the optic nerve, extend downward into the eye by

following the course of the nerve from its point of emergence to its expansion on the retina.

This law explains the development of neuro-retinitis connected with acute ecephalitis of simple or typhoid type; of chronic affections of the cerebral substance, for the deposits of tubercles or cancers when they are surrounded by a zone of ecephalitis.

3d. Law. Acute or chronic affections of the medulla spinalis which do not affect the eye directly or mechanically, exerts upon that organ a reflex influence derived from the great sympathetic through its anastomosis with the first dorsal nerves. The investigations of Benard, indeed, have shown that division of these two first pairs, or of the anterior columns of the medulla spinalis in the region, gives rise to oculo papillary, phenomena altogether analogous to those caused by dividing the great sympathetic at the neck.

In this way are explained the congestive and subsequently atrophic lesions connected with the acute and chronic myelitis, with chorea, with tetanus, with certain contractions, with locomotor ataxy, etc.

4th Law.—Syphilis, scrofula and certain diatheses, while modifying the general constitution, disclose their existence by giving rise in the eye to lesions of the optic nerve and of the retina.

Hence arise tuberculous nerves, retinitis, tubercles of the choroid, and punctulated atrophy of the choroid, syphilitic choroiditis, diabetic, albuminuric, and leucæmic retinitis, &c.

When, therefore, in any nervous affections whatever, we subject the eye to ophthalmoscopic examination, and discover lesions of the optic nerve, of the retina, or of the choroid, we may be certain that we have not a case of neurosis to deal with, but a veritable material disease of the meninges of the brain, or of the medulla spinalis.

This is an important clinical fact, for, by viewing such a case in the light afforded by the ophthalmoscopy, the physician can readily distinguish organic diseases of the nervous system from the neurosis.

Taking this as our starting point, we have only to trace ocular lesions back to cerebro-spinal lesion; in other words, we shall find

a convenient way of clearing up the diagnosis of those lesions, by relying upon the clinical phenomena resulting from disorders of the understanding, of the sensibility, or of volition. This is what I mean by *observing in the eye that which is taking place within the brain*.

Thus, hyperæmia of the optic nerve, of the choroid, or of the retinal veins, indicates a similar condition of the brain, or of the medulla spinalis, or their envelopes.

Dilatation of the retinal veins points to repletion of the sinuses or of the meningeal veins, or to intra-cranial compression.

Hyperæmia of the optic nerve, with the appearance of new blood-vessels characteristic of simple neuritis, is symptomatic of a corresponding encephalitis.

Oedematus hyperæmia confined to the optic nerve, or to the choroid, proclaims absolute anæmia of the brain, by arrest of the hearts' action; or, in other words, that death is at hand.

Miliary aneurisms of the retinal artery are indicative of miliary aneurisms of the cerebral substance.

Peripapillary exudatins connected with neuro-retinitis and caused by steatosis of the nervous elements of the retina, reveal a similar steatosis of the optic nerve extending as far as its point of origin within the brain.

Tubercles of the choroid always indicate tubercles of the brain, meninges, or other organs.

Partial or general atrophy of the papilla, in connection with disorders of the intellect, or of the moter or sensory apparatus, uniformly points either to chronic meningo-encephalitis or to cerebral or spinal sclerosis.

The significance of ocular lesions in the diagnosis of brain diseases is so marked that it is easy to tell which hemisphere is affected, by the degree of alteration which the papillæ and retinal vessels have undergone.

Thus, from the anatomical and physiological relations of the eye-membranes and of the optic nerve, with the meninges and substance of the brain and medulla-spinalis, there results a pathological agreement of which the physician should not fail to avail

himself in his diagnosis of nervous diseases. And since in these cases every lesion at the fundus oculi corresponds with an analogous or similar lesion of parts situated on the spinal column, or beneath the vault of the skull, there is no exaggeration in saying, that the pathological processes of the brain can be observed in the eye.

THE DEVELOPMENT OF OUR MATERIA MEDICA.

BY DR. AD. LIPPE, PHILA.

(Read before the N. Y. County Hom. Med. Society, Feb. 11th, 1875.)

Under development, we understand the mode of making our Original Materia Medica better adapted for clinical uses. In Hahnemann's Organon we find the following remarks:

Paragraph 146. "The third point in the duty of a physician, is to employ those medicines whose pure effects have been proved upon a healthy person *in the manner* BEST SUITED to the cure of natural diseases Homœopathically." And in paragraph 153, "In searching after a Homœopathic specific remedy,—we ought to be particularly, and almost exclusively attentive to the symptoms that are *striking, singular, extraordinary, and peculiar (characteristic)*; for it is to these latter that *Similar Symptoms* from among those created by the medicine ought to correspond.

The most suitable manner of employing proved medicines to the cure of natural diseases, is, therefore, the reliance on striking, singular, extraordinary, and peculiar "characteristic" symptoms, both of the disease, and of the remedy. To employ them in the manner best suited to the cure of natural diseases, Homœopathically, implies the necessity of knowing how to read the Materia Medica, and how to make it best adapted for clinical purposes.

An acceptance of this third point in the duty of a physician necessarily implies the acceptance of the previous two points, viz:

1. The Exploration of the Disease.
2. The Exploration of the Effects of the Medicines.

As we understand these first two points, so will we understand the third one; and just in the same degree as we may have a

different conception of disease and drug provings, will we differ as to the manner of applying medicines best suited to the cure of natural diseases, Homœopathically. If we accept Hahnemann's definition of disease, the exploration of it, *i. e.*, the objective and subjective symptoms of the sick as a definition of disease,—if we accept his manner of exploring the effects of medicines, *i. e.*, the collection of its sick-making power on the healthy—we have then only to ascertain the similarity of the characteristic symptoms of the sick, with the characteristic symptoms of the medicine, in order to be able to employ medicines *in the manner best suited* for the cure of natural diseases.

The sick-making power of medicines, by proving them on the healthy, constitutes the foundation of our *Materia Medica*. In it we find a collection of these various symptoms.

Our *Materia Medica*, as first so obtained, could from the beginning, not contain all the symptoms we meet with in our daily practice. Medicines proved on the healthy, could, and ever will, cause only symptoms *similar* to those we find the sick afflicted with. Medicines cause an *artificial* disease, but not a *natural* one. The artificial disease from which the prover suffers, terminates by itself without any other aid than the *vis naturalis*; and if natural diseases were terminated in the same manner, there would be no necessity of medicines at any time, to again restore the disturbed condition of the Organism to its natural condition. How then have we developed our *Materia Medica*, to be able to cure any disease, and in what manner must we continue to develop it continually to be progressively able to cure the sick? The best manner to deal with these questions is by illustrations. Say, we have before us a person suffering from Pneumonia, a well understood form of disease. We may find the lungs in a state of engorgement, or find red hepatization, or gray hepatization, neither of these stages of the disease, nor our knowledge of the changed and altered condition of the lungs can to us be a guide for the finding of the Homœopathically curative remedy. In our *Materia Medica* we find symptoms very similar to those complained of by the sick; we find that various medicines have caused the peculiar pains extending in various directions, (so well described by Dr. Gregg), and aggravated or ameliorated by various positions and at differ-

ent times of the day ; we find medicines to have caused cough with various kinds of expectorations ; but our early provings gave us no clue as to the similarity of artificially-produced diseases (provings) with crepitant rale in the first stage of the disease, or the dullness of percussion in the second stage, during the process of the red, and subsequent gray hepatization. The physical signs and symptoms of the malady, so eminently pointing to a proper diagnosis of the disease, were of no use to us in finding the Homœopathically curative medicine. We found in our *Materia Medica* many remedies having similar symptoms, causing similar pains, similar cough and spectrum, and on account of this similarity we were to suppose them to be capable of curing the sick, suffering from pneumonia. As this paper is not intended to be an exhaustive therapeutical essay, only an illustration, a few of the most frequently indicated remedies will be mentioned. We find Bry., Phos., Sulp., etc., causing symptoms similar to those we find in pneumonia ; guided by the characteristic symptoms of these remedies we administered them. We know that all the pains of Bryonia were aggravated by motion ; by the clinical experiment we learned that not only the pains in the muscles and joints, but also the stitches in the chest, if worse from motion, were cured by Bryonia—especially when the pains were ameliorated when lying on the painful side.

In Hahnemann's *Materia Medica Pura*, Vol. II, we find the first record of symptoms obtained by the provers of Bryonia, corresponding with symptoms complained of by persons suffering from pneumonia, side symptoms 430 to 455. Phosphorus has caused some well-defined pains, similar to those of persons suffering from pneumonia. Vide Hahnemann's *Chronic Diseases*, Vol. V., symptoms 1279 to 1295. The cough symptoms caused by phosphorus (vide symptoms 1215 to 1226), and the expectorations with this cough, would point to its curative powers in pneumonia with red hepatization.

Sulphur has caused its own peculiar chest-symptoms. If we take the symptoms as we find them in Hahnemann's *Chronic Diseases*, Vol. V., 1139, expectoration of greenish flakes, tasting sweet ; 1156, when coughing sensation, as if the lungs touched the back ; 1169, rales and rattling in the chest, relieved by expectora-

tion; 1169, dyspnœa suddenly at night in bed, when turning over to the left side, relieved by sitting up; 1200, stitches in the chest through to the back; 1201, stitches in the left side of the chest, when breathing for some days; 1206, a stitch extending from the right breast to the shoulder blade. Sulphur has cured cases of pneumonia frequently, (not always), when the physical signs clearly denoted a hepatized condition of the lungs; and we, as Homœopaths, were enabled to cure this condition of this disease because the extraordinary and peculiar (characteristic) symptoms of the patient and the remedy were similar. We were thereby enabled to develop our knowledge of the healing property of the drug; but from these observations, we could not logically draw the deduction that the same physical signs in another case of pneumonia, denoting hepatization, would warrant the application of the same remedy; because the similarity between the disease, even in that stage, and the drug symptoms never existed. Other symptoms than the physical signs first led us to select the remedy for the Homœopathic cure of the disease, led us to develop our knowledge of the healing powers of the drug. And, again, our clinical experience taught us that in many cases of pneumonia, when hepatization had set in, sulphur has cured the cases; but in other cases, other otherwise similar remedies cured the sick; as, for instance, *Lycopodium*, *Lachesis*, *Kali. carb.*, *Borax*, *Lachnanthes*, *Mercurius*, *Tartar emet.*, *Apis.*, and many more less often.

We were thereby forcibly reminded not to be misled into the belief that these, or any other physical signs denoting a certain changed, altered diseased, condition of an organ, or of tissues, could ever be a true guide for the healer. Our knowledge of drug action was enabling us to cure this and other changed and altered conditions of organs, or tissues, and the same guide was there yet, with an increasing corroboration of the truthfulness, the almost mathematical certainty of healing, if we found the Similar remedy; and by further observing the conditions under which this, or the other drug removed this, or the other nosological condition, we developed our knowledge of *Materia Medica*. To administer a remedy to the sick because another sick person having the same, or very similar physical signs, had been cured by it, would be unscientific, illogical, un-Homœopathic, and very hazardous. To base

our therapeutics upon such physiological observations, would be a return to generalization. We would not, then, take into consideration these striking, singular, extraordinary, and peculiar symptoms which Hahnemann tells us we should be almost exclusively attentive to. These very same striking, singular and extraordinary symptoms of which the patient suffered, and which formed some of the characteristic symptoms of the case, not necessarily belonging to the form of the disease of which the patient suffers, and not known to belong to any proved remedy, or only very slightly resembling the symptoms observed by provers, but disappearing under the healing influence of the otherwise Homœopathic remedy, should be noted down, and may be found to belong to, and form reliable indications for the use of that remedy, and thereby we again develop our knowledge of our *Materia Medica*.

When we find for instance, under *Stramonium* "sensation as if the mouth was to be sore," and by the clinical experiment it is demonstrated that *Stramonium* otherwise indicated, also healed a very sore mouth, we can accept this clinical experience, and thereby develop our knowledge of the action of *Stramonium* on the mouth.

We might carry this illustration much farther. There is no remedy known which ever produced "*Asiatic Cholera*." There are many remedies known, which have produced symptoms similar to those of *Cholera*, and we have to thank the founder of our School for having pointed out the characteristic symptoms for the administration of *Camphor* and *Veratrum* in that form of disease, because of the strikingly similar symptoms these medicines had produced on the well person. All the knowledge which physicians then had of the nature of disease, of its cause, of its origin, did not point out a single curative remedy; the knowledge which the Physicians have this day of the disease is just as deficient as ever for clinical purposes. In this, as in other diseases, the Homœopathic School have obtained an almost perfect knowledge of the healing powers of an enlarged number of remedies, just by good observations of symptoms which disappeared after the administration of a remedy otherwise indicated, but not known to belong to it, till finally we now know positively when to give *Camphor*, *Veratrum*, *Sulphur*, *Cuprum*, *Arsenicum*, *Phosphorus*, *Secale. com.*, *Ipeca.*, or *Jatrop curcas.*, etc. However much we might

know of the pathology of the Asiatic Cholera, that knowledge would not point out either of the above remedies; that knowledge would not develop our *Materia Medica*, or augment our ability to cure the sick. Again. Sciatica, a disease belonging to an entirely different class of diseases above mentioned, has never, can never be caused by any medicine. The provings on the healthy as well as the clinical experiment have taught us that symptoms similar to Sciatica have been caused, and cured by Curan, Iris, Kali. bichr., Lachesis, Lycopodium, Phytolacca, Plantago min., and Tellur, Gnaphal.

How then are we to come near a positive certainty which of these remedies we have to administer for this disease in a given case? By adding to our great storehouse of knowledge, our *Materia Medica*, such symptoms as were cured by a remedy when other symptoms had by their similarity caused us to administer a remedy not known to have cured these incidently removed symptoms. Lachesis shows but a very few symptoms in the original provings (published in an admirably compiled monograph by Dr. C. Hering, in 1837), similar to those experienced by persons suffering from Sciatica, we find symptom 2265. Frequent tearing in the thigh down to the knee, 2279. Sore pain in the thighs, worse when touched, or when walking. By the clinical experiment we have learned that Lachesis will promptly cure Sciatica when the pains extend from the right hip down the sciatic nerve, are not present as long as the patient lies still, but are very much worse, almost unbearable, when the patient rises, or tries to walk.

By adding these symptoms, cured, and not on record as produced by the medicine which cured the sick, we do develop our *Materia Medica*, or as we defined it, our ability of making our original *Materia Medica*, better adapted for clinical uses.

A CASE OF ANEURISM OF THE SUBCLAVIAN ARTERY, OPERATED ON BY LIGATION OF THE OUTER THIRD.

BY WM. TOD HELMUTH, M.D.

(Reported by Edward Cranch, M.D., Resident Surgeon N. Y. Hom. Surg. Hos.)

John R. Jones, aged 40, native of Wales, formerly a soldier in the British army, and lately quarryman at Pultney, Vermont, was admitted to the New York Surgical Hospital, November 2d, 1874, with a large aneurism of the right subclavian artery. He stated that he had always enjoyed good health, but had once suffered from syphilis, of which he had had no symptoms for seven years. About twelve months before admission, he noticed a change in his voice, which became disagreeably husky, and about the same time his attention was called to his heart, the beating of which was distinctly audible to himself when walking alone. Sometime in August, 1874, after a hard day's work at the quarry he first noticed a lump at the root of his neck, and began to suffer pain, which deterred him from work for a month, when he resumed his labor for two weeks, but finding that the tumor and the pain from it were both increasing he quit work altogether. Coming to New York very soon after this, he was sent to Bellevue Hospital, and not admitted, but referred to Prof. Helmuth, who examined him before the clinical class, and sent him to the Hospital for treatment.

On admission, the patient walked stooping; his appetite was good, his excretion normal, except that his urine was of a deep claret color, which, he said, had been clear only while he was under the Iodide of Potash, which he had formerly taken for his syphilis. Pulsation and bruit in the tumor were very well marked, pulse at right wrist feeble, pulsation in both carotids alike. Temperature of right hand higher than that of left, both subjectively and objectively. There was partial paralysis of right hand, numbness of fingers, and frequent attacks of neuralgic pains along the course of the nerves of the shoulder and arm, increased by pressure on the tumor. Height of tumor above clavicle $1\frac{1}{2}$ inches; lateral extent, from notch of sternum outward, $3\frac{1}{2}$ inches. He was put upon low diet, kept in bed, the bowels freely moved by Podoph. $\frac{1}{30}$, and

tinct. of verat. virid. in five-drop doses about every six hours, to keep the pulse below 70.

After a few days, digital pressure was tried at root of neck, on cardiac side of tumor; this was at first painful, but afterwards better borne; the pressure was applied for five minutes at a time, three to five times daily, for three days, when the pain increased so that it could not be borne, and it was discontinued, and Potass. Bromide given at night for several nights, but without marked result. The pulse was kept at from 60 to 68, by the use of Norwood's Tincture of verat. virid. in seven drop doses every 6 hours.

Nov. 13, morph. sulph., $\frac{1}{4}$ grain hypodermically, was used with very good effect in quieting the patient.

Nov. 16, the tumor was observed to be enlarging rapidly, and the pain in shoulder and arm becoming more intense, and it was found necessary to increase the dose of veratrum viride, and to use the morph. sulph. oftener, employing Magendie's Solution, (16 gr. to 8 dr.,) 10 minims every night, given hypodermically, and the patient got along with tolerable ease for three days more, suffering at times from dyspnoea and nausea.

Nov. 19, the tumor was found to have extended so much that now it measured, latterly, five inches, an increase of one-and-a-half inches mostly in a few days.

It was then decided to resort to operation, and accordingly, at 3:30 p.m., Nov. 19, the patient being under ether, and in his own bed, Dr. Helmuth proceeded to operate, assisted by Drs. Liebold, Thompson, MacDonald, Doughty, Ewling, Abercrombie and Cranch.

An incision was carried along the upper border of the clavicle, from the sternal articulation of that bone, to the border of the trapezius, which was met by another extending from the cricoid cartilage to the internal end of the first. This flap was dissected up, and a few small vessels ligated. The platysma was then divided and turned back, and a director passed under the sternomastoid, but as darkness came on at this time, it was decided to defer the continuance of the operation till the next day; so the director was withdrawn and the flap replaced without sutures, the wound dressed with lint saturated with vaseline; and Magendie's Sol. 14 minims, injected at 5:10 p.m. At 6:30 p.m., a considerable

venous hemorrhage commenced, apparently from a wound of the external jugular vein; and was controlled at once by pressure, which was kept up by the finger till all oozing ceased, when a graduated compress of lint wet in ice-water was applied, and held by adhesive straps. The hemorrhage commenced again in about an hour, and this time was effectually controlled by wetting the compress with lig. ferri. persulph, and replacing it. Towards morning the patient took a little tea and a biscuit, and at 5:25 a.m. Magendie's Sol., 12 minims, was injected. At that time there was great pain in the arm, the pulse was 104, the pupils contracted, but the right pupil more than the left. The patient could not pass water, and the catheter was used successfully. At 10:25 a.m., Nov. 20, Dr. Helmuth proceeded with the operation, assisted by Drs. Thompson, MacDonald, Doughty and Cranch. The patient being put under the influence of ether, the sterno-cleido-mastoid, sterno-hyoid and sterno-thyroid muscles were divided and the omohyoid hooked up and held aside, this brought the carotid full into view, and being traced downward and the attempt was made to reach the innominate artery, but it appeared to be too much enlarged to admit of ligation.

The incision then was extended laterally, and the anterior border of the trapezius divided. The external jugular was divided and tied, and the tumor came thus distinctly in view after considerable difficulty, occasioned by the size of the tumor and the depth of the wound. Subclavian artery tied in its outer third, beyond the tumor, and outside the scaleni the wound was closed by silk sutures, and dressed with lint, wet with vaseline. The ligatures of seven small arteries tied during the operation, were brought out of the wound, and fixed in position.

The whole time of operation was on the first day, one hour, on the second day, three hours. The patient bore the ether very well, and began to rally by 3 p. m., when the catheter was used, and repeated at 8 p. m., after which the patient urinated freely, and the catheter was not again required.

The pulse, just after operation was 112, and rose rapidly to 136, when eleven drops of Norwood's tincture were given, and the rapidity of the pulse declined, till at eleven p. m., it was 120, and a few hours later 114, per minute; the respiration ranging from

24 to 22 per minute. The temperature at this time could not be taken, on account of a defective thermometer, which, however, was soon exchanged, and correct observations kept.) Great pain in swallowing was complained of, from the section of the sterno-hyoid and thyroid muscles, so that after one or two trials, the patient refused to swallow even water, which he only took to moisten his mouth.

Nov. 21. First day after the operation: To-day, the patient complained of "tightness" in breathing, and difficult expectoration. In the evening he spit a few drops of blood. Through the whole day he was unable to swallow, and was supported by injections of strong beef tea, *per anum*, a half pint every three hours. The pulse averaged 118, and there was very little complaint of pain in right arm. The wound was dressed twice, and supplied but little pus. *The pulsation in the tumor was much lessened*, and the tumor felt harder to the touch; the superficial tenderness was great in the whole region of the pulsation.

Nov. 23, and 24. Third and fourth days, were much like the second; on the morning of the third day, the power of deglutition returned; the patient was kept quiet by the moderate use of Magendie's solution hypodermically; but generally on waking from it, he complained of shocks as of electricity, passing through him, and a general "itchy" sensation.

The wound was dressed every ten hours, and oftener as suppuration became more free, while the pulsation in the tumor regularly decreased in force, the tumor itself became harder, and the superficial tenderness less.

The principal dressing used was vaseline, spread on lint, at first adding a little Balsam Peru, and spraying the wound with dilute carbolic acid, until the granulations became too tender, when vaseline alone, on lint, was used. The rectangular corner of flap mortified, and was removed by scissors. On the afternoon of the fourth day, the *radial pulse* in right arm could be felt, for the first time. The pulse ranged from 100 to 110, respirations 14 to 18, temperature, $98\frac{1}{2}^{\circ}$ to 101° .

Nov. 25. Fifth day: General symptoms the same, complains of tight breathing, and bile in stomach; by means of enema, he

had a free and healthy evacuation from the bowels, and a few doses of Tart. emet., $\frac{1}{10}$ relieved the difficulty of expectoration.

Nov. 26. Sixth day: The stitches that were used to close the wound, began to give way, and were removed; the flap retracted somewhat, its surface continued very sensitive, and a spot of scarlet redness appeared over outer corner of wound, but did not spread.

The pulsation in the tumor was *very decidedly* less, and apparently no greater than would naturally be communicated to it from the neighboring carotid artery. Cough very much less, and the whole condition improving; the patient says he feels better and stronger.

Nov. 27. Seventh day: After a comfortable day, the patient, at 7 p. m., had a chill for about ten minutes, preceded and accompanied by a slight oozing of dark blood from center of wound; this was easily stopped.

The temperature just after the chill was 101° , the pulse rapidly rose from 112 to 128, and two doses of acon. 30 were given, a half hour apart, and after the last dose the pulse was 118.

At 9:30 p. m., Magendie's sol., six minims, was injected; at midnight pulse was 118, resp. 16, temp. 102° , patient sleeping.

Nov. 28. Eighth day: At 2:30 a. m., the wound was dressed as usual, and the patient moved into a comfortable position, when, before the wound was closed, hemorrhage began from middle of wound, and styptic cotton was applied at once, with compression; checking the flow, which, however, recommenced twenty minutes later, the blood spurting in a jet several inches high from center of wound; this time it was bright arterial blood; before, all the hemorrhage had been of dark blood. Compression was instantly applied, and styptic cotton freely used; the pulse became rapid and very weak; a cold sweat broke out on the extremities; patient wanted to be covered, but still felt *hot*. The active hemorrhage soon stopped, but some oozing continued for nearly an hour, when it stopped entirely, and compression was removed.

The pulse was now 140, weak and intermittent, respiration 22, temp. $96\frac{1}{4}^{\circ}$.

At 3:45 a. m., patient spit up a large clot of blood, the pulse

declined to 120, but again rose to 130; patient was very thirsty, drinking but little at a time; at 4:30 a. m., he spit more blood.

At 5 a. m., he was asleep, pulse 120, resp. 20, temp. $95\frac{1}{4}^{\circ}$; at 7 a. m., very drowsy, pulse 112, resp. 18, temp. $95\frac{1}{4}^{\circ}$.

At 8:20 a. m., the external clot was so softened that the hemorrhage again broke out, and continued in an uncontrollable stream for ten minutes; at 8:45 the patient died, having been conscious all the time, and suffering greatly in the last half hour.

A post-mortem examination was had at 3:30 p. m., which revealed the existence of *two distinct aneurisms*, one about an inch in diameter, and nearly globular at the root of the right carotid; this had been mistaken at the time of operation for an enlargement of the *innominate* artery.

The larger aneurism, and the only one discoverable during life, was of the subclavian, in its first position, where it was *very much* dilated, forming an aneurismal sac that had insinuated itself backward to the cervical vertebra, downward till it was adherent to the inner border of the first rib, and laterally behind the second and third portions of the subclavian itself, till it protruded under the integument, in the space between the sterno-mastoid and trapezius muscles, and in this direction was most rapidly enlarging prior to the operation. This position was found filled with a very firm, recent clot, becoming organized at its circumference; but the anterior wall of the sac was much diseased, and had given way.

The subclavian artery, to which part of the sac had become adherent, was also much diseased, as it was in its continuation, even to the middle of the arm; and just below the place of ligation, a fatty tumor of considerable size was found attached to its external coat.

ANNUAL ADDRESS.

DELIVERED BEFORE THE N. Y. STATE HOM. MED. SOCIETY, BY WM.
TOD. HELMUTH, M. D.

GENTLEMEN :

An Annual Address to be delivered before a Medical Society, is troublesome to write; more difficult indeed, as we advance in

years, than when we first took upon ourselves the responsibilities of our calling, and, decorated with our parchment—itsself glossy in remembrance of its recent removal from the lamb—stepped out into the unknown fields of medicine. In those bright days, when, after restless nights of thought, and quires of paper spoiled, an address to a society, or a report for a dispensary, or an “introductory” to a college course, or a valedictory for commencement exercises, was produced, how natural it was to consider it not only effective, but original and proper to the point; but as the days wear on, and we look further into the bewildering vastness of the years gone by, and wisdom growing apace directs our steps adown the mysterious labyrinth of medicine; our vision, at first unable to comprehend the lights and shades of that changing and re-changing road, becomes accustomed to the light and shade. Then from the shadowy recesses we distinguish the lines and the profiles of those monuments which, conceived by genius, and reared by toil, stand forth in bold relief. Then may we sit under the shadow of those mighty men in medicine who moulded their thoughts into form, stamped them with the die of intellect, and left them for our encouragement and support. Then are we amazed at the countless works of the masters, each, perhaps, the fruition of a life-time of study and of brain work, which they have left for those who seek them; perhaps, indeed, in many points erroneous, judged by the knowledge of to-day, but none the less grand, for their boldness, their loftiness, their precision, and their originality. Then can we see from afar the brighter lights of truths, which, flashing out athwart the long and darksome way, pour forth on objects near and far, a halo of glory that never dies, for truth is God-like.

Ah! then, how frail and poor must often seem these efforts; these society addresses, which we once delighted to honor, and which nine times out of ten, are re-hashes of other similar productions. In the few imperfect remarks which I shall make this evening, I do not propose to enter upon the consideration of topics which belong exclusively to the Homœopathic School; I do not intend to speak of the truth of the law *similia similibus curantur*, or the power of infinitesimal doses, or the questions of potency and alternation; neither shall I refer to the progress of Homœopathy, or to the flourishing condition of our Institutions and our Societies;

but shall endeavor to consider a subject which interests the entire profession. For more than twenty years, I have been somewhat an observer of the medical world, and though a score of years may be considered light experience, when compared with that of many others; still it is no mean time, and quite sufficient to allow anyone with a moderate degree of discernment, a fair opportunity of seeing the light, and the shades, the pleasure and the pain, the weak and the strong, the good and the bad, where we often err, and where we do the most good to mankind; and I say, as a whole, that physicians are *good men*, attentive men, and true men; and I say moreover that did the generality of the ministers of the Gospel show in their vocation, half the interest in the care of their flocks that the generality of medical men do in the care of their patients, that in the day of judgment the devil would be most egregiously surprised and disappointed.

Physicians are the worst enemies to themselves; they are kind and good, and charitable to their patients, but as a rule, these traits do not extend to the medical fraternity.

The chief ailments from which we suffer are (to be very plain) dogmatism and jealousy, and the host of evils to which these unwholesome attributes lead, viz: Animosity, rancor and narrow-mindedness; not outside the professional line, but within it; not among our friends and our clients, but among men of our own sphere, among our own profession in all schools thereof.

So well known indeed have these unseemly traits become, that painter and poet and essayist have ridiculed with pencil, in prose and in verse, the entire profession.

It was only a few days since when looking over a volume of Hogarth's inimitable pictures that my eye fell upon one that told the story—a patient dying while the doctors were disputing.

Swift, in his consultation of doctors over a dying lord, laughs us to scorn with his satire. The stage and the pulpit disseminate the differences of doctors, and proverbs grow out of their dissensions. The public laugh at their rancor, and consider it as a fact as permanent as

"The hills, rock-ribbed and ancient as the Sun."

That there are individual exceptions to this rule every one knows, and sad indeed would be my life, could I not lay my finger

upon men whose rigid sense of honor, whose forbearance, whose kindness, whose gentleness, and need I say, whose religious sentiment places them without the narrow limit of which I speak. Men whose lives have been honest and open, and whose memory will be green forever, when they have passed to the other side.

I speak now of the profession as a body, of all schools that have existed from the times of Hippocrates and Galen to the present.

There is no necessity to examine the authorities of remote ages to testify to the truth of these remarks. The cobwebs need not be dusted from the time-stained histories of medicine, or from old society reports, or academical transactions.

From the time that Mani taught the doctrine of the two conflicting worlds of spirit and of matter, through the teachings of the Pythagorean philosophers of the four elemental humors, straight down to these days of microscopic wonders and the revelations afforded by reflected light, everywhere we find the same spirit of which I speak. Look into any medical journal for the past year and see you there the very truth of what I have spoken; nay more, in print we see but the thousandth part; in the whispered converse, in the hidden *double entendre*, nay, even in the very modulation of the voice can we find far more.

Medical men *themselves* are conscious of this baneful discordance that exists far and near, and hold it up to medical students for a lesson and a warning. "Within my memory," writes Dr. Gregory, "a new mode of cutting off legs was introduced, (or an old one revived, I am uncertain which), and strongly recommended by an eminent surgeon, Mr. Alanson. It was called the flap operation, or cutting with flaps. I remember to have heard some disputes about it," for as there were flappers, *of course* there must be *anti-flappers*; and as the dispute began little more than twenty years ago, far from being ended as yet, it *can scarce be arrived at full maturity and violence*. Mr. Benjamin Bell must be either a flapper, or an anti-flapper; and I humbly conjecture (for I do not know the fact, that if *he* is a flapper, Mr. *John* Bell will be a determined anti-flapper; but that if Benjamin is an *anti-flapper*, John will be a most *strenuous flapper*"—"and" continues the late Prof. Simpson, who relates the anecdote in his "Diseases of Women:" "Nearly thirty years have come and gone since these words

were penned, and still surgeons continue, I believe, to wrangle as idly and bitterly as before," and yet with this very remark upon his lips, we find this very gentleman himself, Simpson, flying in the face of his colleague the professor of pathology in the University of Edinburgh, because he chose to adopt a system of treatment, which did not coincide with his (Prof. Simpson's) views. Nay more, writing an elaborate treatise upon the subject, viz: "Homœopathy, its Tenets and Tendencies, Theoretical, Theological and Therapeutical."

So again, I have been lately entertained by the perusal of an interesting memoir of that illustrious surgeon, James Symes, it contains no less than fifty-five pages devoted to the detail of the controversies (as they are termed) of one of the boldest operators the world has known.

There was war between himself and the celebrated Lister; a fight with Sir William Fergusson; a suit with Lizars, originating from the celebrated contentions of the pluggites and anti-pluggites; an encounter with Dr. Robinson; a furious attack on Prof. Henderson because Homœopathy was introduced into the hospital wards, in which controversy, however, *our* professor of pathology was victorious. A fierce attack on Mr. James Miller, a tilt with Simpson, on anæsthesia and acupressure, together with some others of minor import.

What shall I say, gentlemen, of our high potencies and our low potencies? Of our pure Hahnemannians, and our more liberal Homœopathists? Of our alternators and our non-alternators? Of our local application men, and our non-applicators? What shall I say? "Nothing," for you all well know the conditions and the *status præsens*, without further elucidation or comment.

Now why is this? It is a wonder which has often surprised and puzzled me. I think I can show that physicians, should of all men be the most liberal-minded, and the most lenient in judgment. I shall consider a few of the causes that render the reverse of the proposition true, and endeavor to point out at least one method by which a better condition of things may be arrived at.

There is no profession that requires for the proper performance of its duties, a greater amount of knowledge, than that of medicine. The tremendous contradiction of old theories, in all methods of

practice, even the revival of those long dead, and the daily addition of new ideas, as revealed by the newer pathology, require for the satisfactory performance of professional duty an acquaintance with the old and the new in medicine. Yet, to the thoughtful mind, all knowledge is of itself most uncertain, nor can its stability or permanency be relied upon; and this is especially true in medicine. It is an acknowledged fact. In a late number of the *Medical Record*, (Jany. 16,) which I was reading to day, the leader begins thus: "There is hardly anything more welcome to the practitioner, than the news that we have really found the cause of an insidious disease, that has contrived to defy our well directed efforts. It is a *sad contemplation*, however, for medical men, that in the great majority of such instances, subsequent experience has either not verified the fact, or has showed that it allowed of another interpretation than the observers intended." This quotation is just the point I desire to make. To *know* a thing is to apprehend it by its cause, and to *understand* it as it really is.

Ah! can we ever discover the causes of those effects, that we observe in the daily routine of our lives? Can we tell how, and why the the simplest flower that is bent by the evening wind, grows up, decays and dies? Where are the causes "of the pestilence which walketh in darkness, and the sickness that destroyeth in the noon-day?" Can we explain truly the wonders of that atomic action that is said to give us light and color, and heat? How do we live? Why do we die and return to dust?

We know things as they *appear* to us, and how often are these appearances fallacious and deceptive. Indeed, how are we to know when the appearance is correct, and *vice versa*.

For instance, I say to day, that I understand the cause or the causes of diphtheria, or of typhoid fever; I attend my society, and am ready to defend my point with logic, reference, and experiment. I find ten others, equally prepared with ten other explanations, each assigning a different cause, and each believing his own theory the correct one. I claim that my idea is right; my opponents consider *me* a deluded and obstinate individual, whose arguments are untenable, and whose facts are perversions of the truth.

Again, knowledge frequently appears to contradict itself. The science of medicine, as understood to day, is in many instances a

complete contradiction of the methods of old, and who can say, (judging from the past), that the tenets we hold as most legitimate and most worthy of our support and our defence may not be overturned in the twinkling of an eye.

As a fair sample of the uncertainty of knowledge in medicine and surgery, I need only refer to the pathology of the inflammatory process.

We all know that Erasistratus taught, and his theory was supposed for years to be the true one, that in inflammation, the arteries contained blood, otherwise—that is, in a normal condition these vessels circulating air. This doctrine was overthrown by the humeral pathologists, who classified the process in accordance with the fluid, supposed to be contained in the capillaries, thus : If there was an increased flow of blood, a phlegmenous inflammation was produced, if the yellow bile predominated, the erythematic, or erysipelalous ; if black bile, the scirrhus, and if phlegm the œdematous, thus giving rise to the well known axiom "*ubi irritatio, ibi fluxus*." Then came the curious doctrine of the Methodists of insensible corpuscles, blocking up insensible pores.

After years, Stahl calls forth the "*Anema*," the life-giving principle, and designates inflammation as a condition of spasm. Hoffmann, Cullen and others, conceived *this* to be the true pathology of the condition, and were loud in their praises of the so-called discovery, which was believed for a length of time, but was contradicted by Boerhaave, who brought forward again a doctrine, not far removed from that of Erasistratus, and so on, one theory followed another with contradiction, argument and experiment, down to the present day, when with all our boasted facilities, our knowledge is just about as uncertain as it was in the times of old. So uncertain indeed is this point, that in Holmes' System of Surgery, article *Inflammation*, Mr. John Simon, a pathologist of repute, writes as follows : "The process of inflammation, as regards the intimate nature of those circulatory and textural changes, by which it is constituted, is at the time of the issue of this second edition, matter of the utmost controversy ; or, perhaps, I should rather say all previous doctrines upon the subject are just now in the very crisis of a reconsideration of which the morrow cannot be foreseen," and, therefore, the subject is not discussed. At the end of the

fifth volume, J. Burdon Sanderson, has gone very fully into the detail of our knowledge as understood by recent investigators. This gentleman finds that the application of stimuli causes a dilatation of the capillaries with an increase in the blood flow, and so defines the first stage of the inflammatory process. Some again declare that the blood globules are crowded together in the inflamed parts, by the viscosity of the blood *itself*, thus reverting to the doctrines of old.

Others again attribute the action of the capillaries, and the stasis of blood, to what are termed "*inhibitory nerves*," thus bringing the cerebro spinal system into the field, to battle for the spasm of the capillaries, and so indeed we grope on in darkness and ask in vain the questions: "Is the increased flow of blood in the capillary vessels, which is said to be noticed in the first stage of inflammation, due to a spasm, or to a paralysis of the coats of these vessels? Are we sure of the method of innervation of the blood vessels, said to produce an acceleration or retardation of the blood? Can we now, in this our nineteenth century, define with certainty, or draw a line distinctly, between the process of repair which nature evokes to cure the varied lesions to which the body is liable, to which she applies for the safeguard of her temple, and the purification of her courts, from that process which terminates in disease, overthrow and death? How do we positively define the inflammation which cures, from the inflammation which kills?"

Who can positively say, whether these changes have their seat in the vessels, or in the textural elements of a part? Is there an unusual cell production, and if so, does or does not, this increased cell life cause disease or death, or the construction and repair of tissues?

So far as my reading goes, even with all the lights that microscopy has endeavored to throw upon this question, there are at present no less than four doctrines, each with its own upholders, which are adduced to explain the pathology of the inflammatory process.

The oldest, perhaps, of these newer methods, is "the coagulable lymph theory." This coagulable lymph is supposed to contain all the formative elements. In the blastema, floating hither and thither, are found molecules which aggregate and form nucleoli, which ar-

range themselves into nuclei. A cell wall then forms, thus constituting rudimentary elements, which ultimately are changed into the varied tissues.

From the experiments of Goodsir and Redfern, together with the persistent and patient labors of Virchow, the school of "cellular pathology" has its origin, and numbers many illustrious names among its adherents. This method is called by Sir James Paget, "the local production theory," and embraces the cleavage of the nuclei, or "a process of endogenous germination," thus rendering the inflammatory process one in which the vessels themselves take little part.

Recklinghausen then places his eye to the microscope, and stands amazed, as in the field he discovers among the stable connective tissue cells, a moving corpuscle. Again he examines, and again he sees the peculiar cell, with its peculiar motion, wandering hither and thither with its stretching and re-tracting arms, passing into and without the vessels.

This discovery, combined with the labors of Williams, Addison, Waller, and Conheim, brought forth the celebrated "migration theory," adopted and promulgated by Stricker and Billroth, which would teach us that the process, instead of being independent of the vessels, has its seat *in* them; they not only being the channels from which exudes the cell-stimulating liquor sanguinis, but from which pass and re-pass, with insinuating amœbird movement, the "leucocytes," which constitute in part at least, the bond of union in the repair of tissue, and assist to mould into shape the new formations.

Here are three theories, the fourth being that promulgated by the "germinal pathologists," among whom Lionel Beale stands prominently foremost. These declare that invisible particles in the blood escape from the vessels *without* a rupture of their coats, and that by their proliferation and subdivision, the agents for the new formations are developed.

I have entered upon this subject much more fully than I had anticipated, but have given as concisely as I could, a very imperfect sketch of the varied doctrines held upon the subject, not only to prove how uncertain knowledge may be, but also how ideas in medicine undergo alteration, amendment or complete revolution.

Who can say which of these theories is correct, and which is incorrect? And judging from the experience of the past, may we not predict, that each of these suppositions may be entirely overthrown, and be looked upon by a more remote posterity in the same light as we of to-day regard the pathology of old?

Conscious, therefore, of this uncertain state of knowledge—conscious of its liability to change—conscious of the fallibility of man's judgment—conscious of the difficulty of appreciating things as they really are—conscious of the deceptive nature of appearances—Physicians, I say, should be of all men most liberal minded; and wisdom—a far different and even better attribute than knowledge—should teach them to allow to others in the profession the rights they claim for themselves. Viewing the matter in this light, what right have we to rail at those who do not think as we do? whose views do not correspond with ours? What right have we to rear our dogmatical opinion on any medical question, and believe that all who differ from us, are either blind or deluded, or obstinate or quackish?

To-day, in ALL schools of medicine, there are honest men who believe *their* views are correct; I know they are honest in *their* convictions, because I believe I am in *mine*.

I acknowledge their right to their method, and I claim the same privilege myself. There is no need of acrimony and rancor; there is little can be gained by attack and defence. The truth develops *itself*, if time enough is given to it, and truth is demonstrated by facts.

It appears to me, however, that the great cause that prevents this liberality of spirit among physicians, is the peculiar method in which, of necessity, they pass their lives.

A recent graduate commences practice with fair surroundings; he is attentive to his patients; his habits are studious; he is kind and ready to look after those who call upon him. Little by little, as the years roll by, his practice increases; his attentions are noticed, his cures are more numerous, and he grows in public esteem and confidence. At times, he is consulted in matters not relating to the profession; he is a friend in many families in times of health; in times of sickness, suffering, and death, their almost entire support.

Still the years roll on, and he becomes in many houses an oracle

in disease, and a friend to be consulted upon all occasions; his opinions are considered weighty at all times; in disease they are regarded as absolute. Time only strengthens this condition of things, and at the age of forty, the generality of medical men, who have ordinarily well attended to the duties of their calling, are surrounded by a phalanx of friends who uphold them, and regard their judgment in medical matters, decisive.

All this must tend, unless in rare instances, to a species of dogmatism, which is upheld by the circle over which the arbiter has sway.

In the majority of instances, the physician is contented with this, and rarely looks beyond his own dominions. He honorably fulfills the duties of his calling, and is loved, respected, and honored by his *clientelle*. He is not accustomed to have his *ipse dixit*—especially in matters of disease, called in question, and becomes fixed in his ideas and pragmatical in his views. He effects his cures after his *own* fashion, with his *own* favored prescriptions, with his *own* doses, administered in his *own* way, and is likely to forget that others may arrive at the same ends, by roads almost directly opposite, or by means which, viewed through a different glass, appear entirely at variance with his own.

It is this very mode of life (in many instances unavoidable) which leads to narrow-mindedness and to bigotry, and perhaps to egotism. Habit becomes second nature. How then may this evil, which is almost a necessary one, be combatted? There is a law of dependence in the universe, which underlies it everywhere. There is nothing that does not suffer from isolation. The flower must have its light, and air, its pleasant sunshine, and refreshing showers; deprived of these, it dies.

The myriad hosts of heaven that, moving in unison, create the wondrous music of the spheres, depend the one on the other for the regularity and harmony of their revolutions; take one from the innumerable hosts that sing in the boundless ether, and discord, disorder, and confusion immediately prevail.

In fact all life is indeed but a mutual change of relationships. An action of one force on another, the action of one individual organism on another, causing an alteration that gives birth to the most wonderful phenomena.

A very beautiful illustration of this, I find quoted by Dr. Waterman of New York, from Dove. It forcibly proves that out of darkness comes light, and warmth and beauty. He is speaking of that ethereal substance which fills the universe, and how dependent even these particles are upon motion, for development and usefulness to man.

"Let us suppose in the midst of a dark room, a slender iron bar is suspended, and in motion, and there is also an apparatus present by means of which the swinging motions are continually increased. We enter the room the moment the bar makes four oscillatory movements per second. Neither ear nor eye gives us any intimation of the swinging bar. But the movements increase, they reach thirty-two per second. Hark! A deep bass sound reaches our ears, it rises in pitch with the still increasing oscillations; it passes through all the middle stages up to the highest, shrillest note. We are yet full of wonderment, when all sound dies away, and the silence of the grave again surrounds us. But from the region where the sound proceeded, we are made sensible of an agreeable warmth, the oscillations still increasing, we feel the warmth radiating in all directions, in the manner a chimney fire radiates."

"All yet is dark. The oscillations are now counted by millions in a second. Behold yonder dawning light. It grows more brilliant, the bar begins to glow, first in red color, then in orange, yellow, green, blue, and violet; until all again sinks back into darkness. Now, gentlemen, what is true of the inorganic world, is true of the organic. Exchange of thought, exchange of sentiment, whether by the written line or by conversation, or familiar discourse, or by social unison, generates intelligence. Yea, more, it develops the moral faculties, it gives liberality of expression and broadness of sentiment, and thus indeed facilitates and engenders the happiness of man.

Physicians have not sufficient of this social relationship with each other.

Let us suppose a similar case to that one which has already been advanced. We imagine a physician, who has been both a student and an observer, to have practiced twenty years in a respectable community. I ask the question; how many times in that score of years has he met his professional friends *socially*? How often has

he seen his brothers in medicine, outside the sick room, (where perhaps, at long intervals, a consultation is called,) or at a Society meeting once or twice a year? When has he seen his professional friends "out of the harness?" when a pleasing or instructive intercourse, or a real jolly unprofessional discourse, or a fair and square conversation on unprofessional topics can be held? I venture the assertion, "not ten times." This is the point that I desire to make—that the lack of social intercourse between medical men, their meeting together only in society halls, and the sick room, tends certainly to dogmatism; which will be prevented if as man to man, fellow creature to fellow creature, we meet each other oftener; see more of each other under varied lights and shades, and not be eternally standing aloof, and gazing distantly at each other through the smoky glass of professional relationship. No man can stand before the eternal stare of a professional porcupine which is ready at a moment's warning to send a poisoned quill into his vulnerable parts.

No man can shut himself up away from his friends in medicine, and not become dogmatical. No man can look through a colored glass without seeing the object he views, tinted with the color of the medium through which he sees it.

In the great drama of human life, each of us has a part to act; and it is the unity of this action in combination with that of others that creates the beauty and wonder of the whole.

Wo betide those men who shut themselves up in their own fancies, their own aspirations, their own ideas, their own desires; who isolate themselves from the society of their professional friends. Such a man, like the branch torn from the parent trunk, deprived of the sap which should give health, and vigor, and life, withers by degrees and dies. Such men see with distorted eyes, imagine with diseased faculties, and finally are warped in their judgment and encircled by perpetual dogmatism.

On a beautiful October morning, when the trees were covered with the brown and yellow tinted autumnal foliage, and the clouds were hanging in fantastic wreaths on the topmost cliffs of Ben Lodi, a physician in deep meditation, was wandering through the most picturesque region in Scotland. Of a sudden, one of those heavy mists arose, so peculiar to the country, unobserved by the

pedestrian, it spread like a veil over nature's face; it lurked in the mountain gorges and hung upon the trees; the rocks lost the sharpness of their outline, and the moisture hung heavy on the fern leaves. The atmosphere grew dense, until every object was enshrouded in the mist.

The man of medicine looked up, surprised, and amazed at the suddenness of the change and the obscurity of the road. He stood for a moment contemplating the scene. At the further end of the path that turned sharply around a not far distant ledge of rock, a form monstrous, unsightly, and half hidden by the gloom, obstructed the pathway, and by its curious and forbidding movements appeared to prohibit his approach. Uncertain as to his motives and ideas, the first impulse of the traveler was to step backward, and flee from the unsightly apparition.

Curiosity, however, impelled him forward, and as he moved nearer, the object that had appeared to him so ugly and forbidding began to assume a more comely aspect, and was discovered to be a man. Nearer approach revealed it not only to be a man but a brother physician who also had been terrified by what he deemed an apparition. Pleasantly the two, arm in arm, wended their homeward way, beguiling the hours with converse and interchange of sentiment and thought.

So, my friends, it will be with us, if we, instead of looking through the uncertain mist of hearsay, or pre-conceived opinion, will approach near enough to each other in our social relationships, to discover that "we are not so bad as we seem."

GASTRO ENTERITIS FROM INDIGESTION. *Ipecacuanha*.—Refuses food, burning thirst, drinks eagerly and vomits immediately, even when only small quantities of water are taken. Seven or eight times a day, passes liquid stools mixed with small lumps of a yellowish color. Abdomen swollen, tender to touch, tenderness of epigastric region. Face pale and pinched. Almost constant cries. The child puts his hand to his head. Extremities cold. Sleeplessness.
—*Escallier*.

PHYSICAL EXAMINATION OF THE ORGANS OF THE CHEST IN CHILDREN.

BY DR. ALAYS MONTI.

Inspection of the thorax will show whether all parts of the chest move equally. The thorax remains immovable in places where the lung does not breathe on account of exudations in its tissue or in the pleural cavity. Pleuritic exudation and pneumothorax diminish also the form of the intercostal spaces, which never happens in diseases of the parenchyma of the lungs. Where the intercostal spaces sink in during inspiration and expand during expiration, we may fear formation of cavities. During obstructions of respiration in the upper parts, the lower parts breathe more strongly. The frequency of respiration may be best judged in children by fixing one point of the body, e. g., the pit of the stomach or an arch of a rib, and counting how often the abdomen rises, which number corresponds to the inspirations. In some diseases we may judge by the respiratory murmurs. But after all the frequency of respiration is of no great pathognomonic value, as it oscillates in healthy newborn infants between 44 and 23, in children of 1 to 4 years between 36 and 20, in older children between 28 and 20 respirations to the minute. The increase of frequency becomes of more consideration by its duration, sensation of pain; increase of temperature also increases the frequency of respiration, but then the auxiliary muscles of respiration are not active at the same time. All affections of the respiratory organs may cause dyspnoea, also all processes of the pleura and pericardium by producing compression of the lung. The frequency is the more considerable, the more sudden the obstacle to free respiration sets in, thus, the quicker an inflammation spreads, etc. Chronic inflammations, therefore, in spite of great extension, never cause such severe dyspnoea as recent inflammations, especially when the child is also simultaneously emaciated, because the quantity of blood is then so much smaller and in consequence thereof needs a lesser quantity of oxygen for its decarbonization. As soon as the fresh pulmonary disease is added to the chronic one, the frequency of respiration rises considerably. In diseases of the

bronchioles, the dyspnœa more considerable as where only the bronchi are affected. It is changing where it is caused by occlusion of the bronchi, with mucous clots, which are coughed up from time to time. Cardiac diseases, producing a rise of blood-pressure in the lesser circulation, cause dyspnœa and also abdominal diseases with increase of space, as meteorismus ascites.

Retardation of respiration is found in all diseases, which cause a stenosis or paralysis of the rima glottidis, also in respiratory diseases complicated with cerebral troubles.

In relation to the rhythmus of respiration we have the *respiratio intercepta* in pleuritis, pericardites, rheumatism of the thoracic muscles, *respiratio anhelans*,—short respiration, screeching or groaning longer expiration—at the acme of pneumonia; drawn expiration with normal inspiration in swelling of the mucous membrane of the respiratory organs with compression of them, usually accompanied by whistling, humming noises. In-and expiration are retarded and rendered difficult in emphysema and rachitic malformation of the thorax. Drawn, sometimes intermittent inspiration, is observed in laryngospasmus and convulsions. Respiration rendered irregular by deep and sighing inspirations is observed in febrile diseases, it is a symptom of considerable hyperæmia of the brain.

The Cheyne-Stoke's phenomenon—a gradually deeper and slower respiration, even to apnœa, followed by gradually again increasing respiration—sets in only in reduced children during their last days, and is always caused by a disturbance of central innervation. It is always of importance to observe also the accidental co-operation of the well-known accessory respiratory muscles. Where the action of the diaphragm is rendered difficult in consequence of a considerable obstruction to respiration, we see at the arch of the ribs a shallow horizontal furrow (Harrison), which is in new-born infants physiological as long as the abdominal respiration lasts. In inspiratory dyspnœa we also find a drawing-in at the jugulum and fossa supraclavicularis (laryngoe and trachealstenosis). Standing requires the greatest dyspnœa, in the lightest degree the horizontal position is possible.

The seat of the respiratory obstruction sometimes regulates the position of the body. In morbid affections of one side of the

thorax the patient takes a position on the affected side, but if painful he will lie on the sound side, in order not to increase the pain. This rule holds only good in children with great dyspnœa or considerable pains. *Gerhardt* gives us the following types of breathing:

1. *Inspiratory Dyspnœa*.—Long-drawn, laboring inspiration with humming or lapping noises in the larynx—found in laryngospasmus, œdema glottidis, more rarely in croup, in a similar manner, but without the murmurs of pulmonary atelectasis.

2. *Expiratory Dyspnœa*.—Inspiration short, free; expiration long, gasping, with strong contraction of the abdominal press—in foreign bodies (also floating croup-membranes) in the larynx and in emphysema.

3. *Breathing with the lower chest*.—Strong tension of the thoracic muscles with little motion of the upper part of the chest, protrusion of the lower part of the chest, and of the abdominal wall, from the strongly agitating diaphragm, moderately labored expiration, very accelerated inspiration—found in lobular pneumonia and phthisis pulmonum.

4. *Breathing with the upper part of the lungs*.—In effusions or abdominal tumors.

5. *Type of lateral position*.—Diminished breathing of one side and increased on the other side—in pneumothorax, pleuritic exudations, wounds of the thorax.

6. *Imperfect entrance of air*.—Labored breathing without essential changes in the thorax; the fossæ and the intercostal spaces sink in, where the bronchi are obstructed, respiration is accelerated, where the occlusion is seated in the fauces or larynx, retarded, the diaphragm is drawn upon during inspiration—we find this in atelectasis of the new-born, and caused by the deficient growth of the thorax lasting for some time.

Visible changes in the thorax.—The spinal column, which at a later age shows four curves in the neck, chest, loins and sacrum, is in the babe straight. Curvatures of the spinal column are of great influence on the structure and position of the bones of the thorax, which may be produced by external causes (carrying the child on one side, etc.) or by diseases of the osseous tissues (inflammation,

rachitis, etc.); they cause pulmonary diseases and aggravate their course. *Vice versa* curvatures may be produced by thoracic diseases, (pleuritic exudations, emphysema). The clavicle is found arched in emaciated, rachitic children, causes lifting up of the sternum and shifting forward of the scapulæ. Changes in the sternum correspond always with curvatures of the spinal column. In shrinking of the apices of the lungs the manubrium sterni approaches the spinal column, and forms with the body of the sternum a projecting angle. The ribs show in their mutual position changes dependent on curvatures of the vertebral column; the sink in pulmonary collapse and rachitis; in the latter affection they are also bent at fine angles, and swelled up at the union between cartilage and bone. The intercostal spaces are gone or protruding in pneumothorax and pleuritic effusion, sunk in in long-continued pneumonia, atelectasis and tuberculosis.

A symmetrical position of the nipples leads our attention to symmetry of the thorax.

Atrophy of the thoracic muscles gives always an unfavorable prognosis.

Fistulous openings on the thorax show during inspiration purulent bubbles containing air, when they communicate with the pleural cavity in other cases they lead to morbidly affected bones.

Unilateral dilatation of the thorax appears in pleuritic effusions and perfect hepatization of one lung, bilateral dilatation or high graded emphysema. Circumscribed protrusions are found in mastitis and abscesses therefrom, in abscesses of the mediastinal and bronchial glands, pulmonary herniæ and aneurysm. Larger protrusions are caused by hypertrophy of the heart or by accumulation of fluid in the pericardium. Diminution in size of one side of the thorax is observed after resorption of long existing exudations, at the same time exists scoliotic curvature of the vertebral column. This diminution shows itself stronger in the child, as the affected side stops more or less of its growth, whereas, the healthy one goes on in its normal development. Partial sinking in of the thorax is caused by processes of shrinking in the lungs, and are mostly found in the upper parts.

A paralytic thorax is long, narrow, flat, the intercostal spaces broad, the shoulders standing off. The neck of such individuals is usually long, the skin tender, the extremities long, the phalanges of the fingers clubbed. In grown persons such a thorax is considered as characteristic of tuberculosis; in children suffering from diseases of the chest it allows only a bad prognosis.

Schmidt's Jahrbucher, 11, 1874.

The New York Journal of Homœopathy.

NEW YORK, FEBRUARY, 1875.

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PROGRESS OF SURGERY.

[We herewith give to our readers the first portion of an interesting report on Surgery, prepared by SAMUEL B. WARD, M.D., read before the N. Y. Journal and Library Association, and printed in the *New York Medical Journal* for March, 1875. We wish that our space allowed us to give the report in full]. W. T. H.

Ever since anæsthetics were introduced, deaths have occasionally been reported from their use; and in some cases—as in operations about the face—their administration is attended with more or less inconvenience.

Dr. Copeland has stated during the past year that he has found the difficulty in respiration, during their inhalation, to be due to the head being thrown so far back that the stylo-hyoid muscles draw the tongue in the same direction, and so close the glottis. This, he says, may be remedied, whenever it occurs, by simply tilting the head forward and relaxing these muscles, without the necessity of making traction on the tongue with tenaculum or forceps. In the opinion of Dr. J. Marion Sims, threatened deaths from chloroform

or other narcosis usually, if not always, depend on cerebral anæmia. He therefore proposes, and from experience recommends, in these frightful emergencies, holding the patient up by the feet and allowing the blood to reach the brain by its own specific gravity.

During the past year an effort has been made to introduce a new method of bringing about insensibility, by the injection of chloral into the veins. On the 2d of March last Prof. Ore, of Bordeaux, communicated to the French Academy of Sciences a case in which this had been resorted to. The enormous amount of 340 grains of chloral hydrate was slowly injected into one of the radial veins: in ten minutes profound insensibility was produced; the operation lasted twenty-five minutes, and the patient was easily and rapidly aroused by the interrupted current, having known nothing at all of the operation. Prof. Ore considers it of great importance that a sieve or filter should be introduced into the syringe, so that no solid particles whatever may enter the vein. From his experience with the method in this and other cases the Professor maintained that it should be preferred to chloroform for surgical anæsthesia. From this opinion M. M. Verneuil, Duplay, and others, who took part in the discussion of the paper, dissented; one of them, M. Le Fort, going so far as to say that, "to practice surgical anæsthesia by the injection of chloral into the veins was to show profound contempt for human life."

On November 2d, M. Ore made a second communication to the Academy, stating that he had then used this method fourteen times, and each time with success. He recommends that the solution be used of the strength of one part of chloral to three of water; that it be injected slowly, fifteen grains per minute; that the vein be punctured through the skin without exposing it by dissection; and that the canula be not left in too long, lest it produce coagulation. From seventy-five to one hundred and twenty grains are generally required, and the injection should occupy from five to eight minutes. Considering the very uncertain action of the drug when administered by the stomach, and the large number of times that coagulation in the vessels has followed its intra-venous use in cases now on record, there seems little probability that the method can ever become a safe one, despite M. Ore's success.

In a certain number of cases surgeons hesitate to produce anæ-

thesia by inhalation, on account of the existence of heart-disease. Dr. B. W. Richardson reports two such in the *London Lancet*, both cases of cancer of the breast, in which excision was performed by scissors, cutting under ether-spray. In the one case ether-spray was first thrown upon the breast for five minutes to chill the skin, and then the ether was replaced by "anæsthetic ether"—a compound of ether of the SP. Gr. of .720, with hydride of amyl. In a few moments the whole breast was frozen like a hard snow-ball, and the process was continued one minute longer, to equally chill the deeper structures. The incision of the superficial parts was made with small, strong, sharp, slightly-curved scissors, while the deeper parts were cut with similar scissors, tooth-edged. In three minutes the entire breast was removed, of course without any hemorrhage. During the thawing one vessel bled so freely as to require the application of a ligature, both ends of which were cut off short. Five sutures were applied and the wound dressed with cotton wool and styptic colloid. The patient's temperature never rose above 99°, and when the dressing was removed, at the end of five days, the wound had healed without interruption at any point, and without a drop of discharge. The patient stated that she experienced a sensation of numbness, like that felt in the hands in frosty weather, but no pain. The pressure of the scissors could be felt, and an occasional jar; but she was not aware when the incisions were made. One curious result of the operation was that the irregular action of the heart disappeared, and the patient was restored to perfect health in July, the operation having been performed on the 8th of May. Soon after the recovery of the patient, a second case, entirely similar, presented itself. General anæsthesia was advised against, on account of heart disease, and the steps of the operation were precisely the same as those already detailed. On the fourth day, union by the first intention was perfect, and on the eighth day the patient was able to go out. "As this second patient began to rally from the operation, the distressing cardiac symptoms entirely passed away, the stroke of the heart improved in tone, the irritability ceased, and the faint murmur became imperceptible."

Dr. Richardson remarks upon these cases: 1. That local anæsthesia answered every indication in two patients to whom he could not conscientiously have recommended inhalation, and saved him

all anxiety during the operation. 2. The method of cutting with scissors overcomes all the objections urged against the scalpel in frozen tissues. Good scissors are needed, and the tooth-edge instrument in the deeper tissues assists in preventing hemorrhage. 3. The heart disease was, of course, purely nervous, either reflex, or the result of mental anxiety; and the early removal of the malignant growth served to cure it. In another way local anæsthesia has been produced in one case at least. On June 21st, M. Le Fort read before the Société de Chirurgie of Paris, a paper, in which he stated that this effect had, in his hands, followed the application of Esmarek's method, and he attributed it to energetic compression of the sensory nerves. M. M. Demarquay and Verneuil have experimented in the same direction, but in some cases only dulled the sensibilities, and in others had failed in producing even that effect. The use of carbolic acid as a local anæsthetic has not been forgotten, when the surface to be rendered insensible is very restricted in size; and I have found it especially serviceable as an application preceding nitric acid in the cauterization of chaneroids. Although the number of fatal cases from the intra-venous injection of chloral has been so great as to deter from the use of that method of producing anæsthesia, it may still be justifiable to resort to it in the management of tetanus which so rarely yields to any other treatment.

At a meeting of the Surgical Society of Paris, M. Verneuil stated that up to 1868 he had never seen a case of tetanus recover. He next reported two cases successfully treated by the chloral method, one been cured in twenty-five days, and the other in a month, the dose being in the first case 90 grains, and in the second 150 grains per day. There is no objection to the drug being administered by the stomach as long as deglutition is possible; after that, the intra-venous method is recommended. This makes a total of five cases that M. Verneuil has thus treated successfully, or a proportion of cures amounting to two-fifths.

M. Bourdy, of M., has also reported a case of tetanus successfully treated by chloral and morphine subcutaneously. The daily dose of chloral was 120 grains, and during the treatment the patient took seven ounces of chloral and 27 grains of morphine.

In the *Lancet*, during December last, Dr. T. B. Carruthers reports

another case of exceedingly acute character, accompanied by great tenderness over the spine, successfully treated by chloral and bromide of potassium. The patient, a boy fifteen years old, took in all 1.140 grains of chloral in sixteen days, or over 70 grains per day. The reporter had no doubt of the efficacy of the chloral in saving the boy's life.

On the other hand, in the practice of others, the use of this drug has not been so successful. M. Chauvel has treated two cases by the stomach both unsuccessfully. M. Tillau has also reported an unsuccessful case, the chloral being given at first by the stomach, and afterwards through the veins. At the post-mortem examination, dark clots were found in the cephalic and auxillary veins, and firm white clots in the right auricle and left ventricle.

Dr. E. C. Mann, of this city, has reported a fatal case of idiopathic tetanus, in which chloral, morphine, and calabar bean, were all tried.

It would appear from the published history of the case, that only fifteen grains of chloral were given at bedtime, a much smaller dose than in the successful cases. Calabar bean still holds a prominent place in the treatment of this disease, and Dr. Sidney Ringer, and, I believe, one or two others, have reported successes. Many others, however, have not been so fortunate.

During 1874, we have had from Mr. Erichsen, of London, his views on "Hospitalism, and the causes of Death after Operations." Hospitalism is defined to be "a septic influence capable of infecting a wound, or of affecting the constitution injuriously." Its main cause he believes to be over-crowdings; not only placing too many patients in a ward of a given cubic space, but also placing too many severe cases, and especially suppurating wounds in each ward. He regards the whole argument as one not against hospitals in general, but against badly-managed, or badly-constructed ones; and suggests, as the remedy, enforcing cleanliness, and avoiding over-crowdings. The usefulness of the aspirator in relieving retention of urine, when, for any reason, the catheter cannot be employed, has been demonstrated by an additional number of published cases, and in many more that have not been deemed worthy of recording, so well established has the operation become. M. Fuchier has recently read quite an elaborate paper on the subject,

urging its entire freedom from danger, even when, by accident, the peritonæum is punctured. One objection that has been urged against it is that a small amount of urine is liable to remain at the bottom of the bladder, and there undergoing decomposition, to set up a cystitis. Dr. James A. Hall, of Elmira, N. Y., has pointed out² that he has been able to avoid this by laying the patient on his side, and emptying the bladder completely.

Mr. W. F. Teevan has reported an interesting case of retention, from impassible stricture, in which the urine was induced to flow, *per vias naturales*, by M. Cazenave's plan of plugging the rectum with ice; the stricture was then treated by burning it through with caustic potash, and the results of both plans of treatment were said to be very gratifying.

A rare and interesting case of tumor of the bladder has been put on record. The patient, a boy twelve years of age, began, ten months previous to the date of the operation, to have some pain in passing water. The diagnosis of the stone in the bladder was made, and the patient sent to Vienna for operation. He came under the care of Prof. Billroth, who could find no stone, but did find a tumor projecting into the bladder, and preventing a satisfactory exploration with the sound. It was determined to perform the lateral operation, and through the wound make more satisfactory examination. No stone could be discovered in any diverticulum or elsewhere, but a tumor was found as large as an apple, attached to the posterior wall. The supra-public operation was then at once performed, and the large tumor was with difficulty, made to pass through the incision. The posterior wall of the bladder was then raised up through the opening in the abdomen, and the pedicle of the tumor carefully dissected out, the proceeding demanding incisions deep into the muscular walls of the bladder. The tumor proved, on examination, to be a pure myoma, and the patient was doing well at last accounts. Dr. Schwaighhofer, who reports the case, remarks: "Both on account of its pathological rarity and of the ingenious boldness of the operator, the case is one which I imagine will be of general interest."

The most thoroughly new and bold operation reported during the past year, is to be credited also to the same famous Vienna surgeon. On December 31, 1873, Billroth removed the entire larynx

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JANUARY, 1875.

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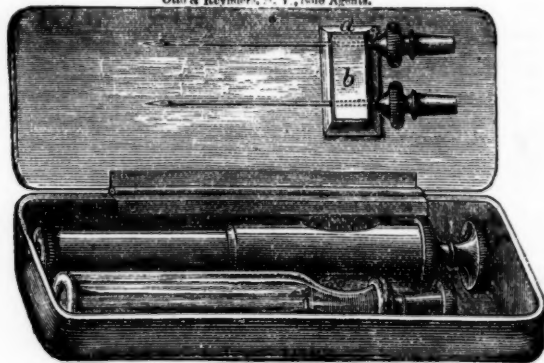
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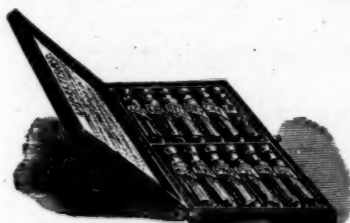
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